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STATEMENT OF INCOME TAX PAYMENTS FOR NONRESIDENT INDIVIDUAL PARTNERS OR S CORPORATION SHAREHOLDERS		FORM MO-2NR			
FOR CALENDAR YEAR 2000 OR FISCAL YEAR BEGINN	ING		,2000 AND END	ING	, 2001
1. NAME OF PARTNERSHIP/S CORPORATION		DOR ONLY	2. MISSOURI TAX ID NU	IMBER	
ADDRESS			3. FEDERAL TAX ID NUM	MBER	
CITY OR TOWN	STATE	ZIP CODE	4. TYPE OF ENTITY Partnership S		ted Liability Company ated as a Partnership)
5. NAME OF PARTNER/SHAREHOLDER			6. SOCIAL SECURITY N	UMBER	
ADDRESS			7. INCOME SUBJECT TO	O TAX	00
CITY OR TOWN	STATE	ZIP CODE	8. MISSOURI INCOME TAX PAYMENT O		00
Partner/Shareholder copy — Keep this copy for your records		Copy A			
MO 860-2855 (12-2000) This publication is a	available upon requ	uest in alternative a	accessible format(s)).	
MISSOURI DEPARTMENT OF REVENUE STATEMENT OF INCOME TAX PAYMENT NONRESIDENT INDIVIDUAL PARTNERS S CORPORATION SHAREHOLDERS		2000 FORM MO-2NR	DLN		
FOR CALENDAR YEAR 2000 OR FISCAL YEAR BEGINNING			,2000 AND END	ING	, 2001

STATEMENT OF INCOME TAX PA' NONRESIDENT INDIVIDUAL PART S CORPORATION SHAREHOLDER	NERS OR	FORM MO-2NR	1		
FOR CALENDAR YEAR 2000 OR FISCAL YEAR BEGINNING		<u>'</u>	,2000 AND ENDING		, 2001
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ADDRESS			3. FEDERAL TAX ID NUMBER		
CITY OR TOWN	STATE	ZIP CODE	4. TYPE OF ENTITY ☐ Partnership ☐ S Corporation ☐	Limited Liability Co (Treated as a Part	
5. NAME OF PARTNER/SHAREHOLDER			6. SOCIAL SECURITY NUMBER	, ,	
ADDRESS		7. INCOME SUBJECT TO TAX		00	
CITY OR TOWN	STATE	ZIP CODE	8. MISSOURI INCOME TAX PAYMENT (00
Partnership/S Corporation copy — Keep this copy for your records		Сору В			

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Attach to Form MO-1NR. See instructions	for Line 1 of Form	MO-1NR.	Copy C DOR ONLY		